PHILADELPHIA NEUROLOGICAL SOCIETY.

March 25, 1902.

The President, Dr. John K. Mitchell, in the chair.

Adiposis Dolorosa.—Dr. Max H. Bochroch presented a typical case of this disease.

Adiposis Dolorosa.—Dr. F. S. Pearce exhibited a case of adiposis dolorosa of the diffuse form in a negro woman forty years of age. The patient had begun to gain fat rapidly after the birth of her second child, twenty years ago. The woman reached a weight of 303 pounds and now weighs 295 pounds. The woman had not complained of subjective pain nor had she the typical tenderness on pressure, but the deposit of fat was typical of the disease, and there was the feeling as of "bunches of worms" on palpation. The wrists and ankles were free, but there were large masses of fat over the upper arm, the upper outer aspect of the thighs, the scapula and abdomen, which hung in heavy folds. There were no mental symptoms. She did considerable hard work and her general health was excellent. The patient had been referred to Dr. Pearce for diagnosis by Prof. Jas. M. Anders. While there was absence of subjective symptoms or disturbance of the mind, yet with the typical picture of fatty deposits the diagnosis seemed plausible. Forel has recently reported cases of adiposis dolorosa without pain or tenderness.

Dr. A. O. J. Kelly inquired of Dr. Pearce in what way his case differed from one of ordinary obesity.

Dr. D. J. McCarthy, with reference to the case shown by Dr. Pearce, said that the deposit of fat did seem different from that seen in ordinary obesity. In the upper part of the arm it seemed of a fibroid character. In discussing this subject the tendency is to run to extremes and classify all classes of pathological fat as adiposis dolorosa. In adiposis dolorosa distinct, painful lumps of fat can be felt. In this case there was no tenderness. We must differentiate between obesity and these conditions of localized neuritis in fat. There is probably a difference mainly in the chemistry of the fat rather than a difference in the condition of the fat.

Dr. William Pickett remarked that the name Dercum's disease or adiposis dolorosa is given to a symptom-complex. He thought that Dr. Dercum had so far not committed himself to the idea that this is a distinct entity. It is very likely that there are numerous cases ranging from acromegaly and myxedema to these cases of special form of obesity with neuritis. It may be that ordinary obesity belongs in this series. If, however, the name Dercum's disease is to mean anything, it must be restricted to those cases in which there is not only fat in localized deposits, but also tenderness in these masses. This does not invalidate the claim of Dr. Pearce that this case is related to the disease described by Dr. Dercum.

Dr. F. S. Pearce said that while this was not a typical case of adiposis dolorosa, yet he thought that it was allied to adiposis dolorosa. The physical character of the fat and its distribution seemed to point to this diagnosis.

Dr. J. K. Mitchell remarked that he thought it should be emphasized that almost every case of excessive fatty deposit presented varying spots of tenderness, often in fixed positions, but that did not make them cases of adiposis dolorosa. They have not the characteristic symmetrical fatty deposit found in Dercum's disease, where the method of deposit as well as its character has to be taken into consideration.

Primary Degeneration of the Pyramidal Tracts.—Dr. Wm. G. Spiller read a paper on this subject (See page 265).

The Muscle-factors of Ankle-clonus.—A paper on this subject was read by Dr. S. Weir Mitchell (See page 257).

Dr. William G. Spiller inquired whether or not in those cases in which clonus was obtained when the leg was extended on the thigh, the gastrocnemius took any part in the movement. When the leg is extended it is more difficult to obtain clonus, but in some cases, possibly where the extension is not complete, it can be developed.

Dr. A. A. Eshner said that if the leg is partially flexed in the ordinary way in which ankle-clonus is obtained, the gastrocnemius is relaxed to such a degree that it takes no part in the movement. This means that if the gastrocnemius takes any part when the leg is extended on the thigh this is not essential, as it does not enter into the movement when the leg is partially flexed. At Dr. Mitchell's request he had studied the relations of these muscles on the cadaver. Both of the muscles are supplied from the same nerve (internal popliteal) and the filaments for each come off close together. Whether as a result of mechanical factors or not it is a fact that the soleus is the essential agent in ankle-clonus. The soleus and the gastrocnemius together can be looked upon as a three-headed muscle with a common tendon, and as with other many-headed muscles one part may be set in action independently of others, and in accordance with their different points of origin.

New Diagrams of the Zones and Centers of the Human Cerebrum Based upon some recently-acquired Facts and a Study of Flechsig's Association Centers.—These were exhibited by Dr. Charles K. Mills.

Dr. William G. Spiller referred to the possibility of the second temporal convolution being the cerebral representation of the vestibular nerve, as Dr. Mills had suggested. There is nothing in anatomy pointing positively to that. Dr. Flexner and Dr. F. A. Packard had sent the speaker a brain in which the first and second temporal convolutions were intensely atrophied. The external bundle of the peduncle, which is believed to come from the second temporal convolution did not appear to be degenerated in this specimen. It is possible that the second temporal convolution contains fibers transmitting impulses upward, and that it is the representation of the vestibular nerve, but this remains to be proved.

Dr. D. J. McCarthy described Flechsig's method of investigation. So far as the developmental fibers are concerned he works with fetal brains of different periods of development, and serial sections of the entire brain are cut both in the horizontal and vertical directions. He has some twelve or fifteen thousand of these brain sections. For years Flechsig has insisted that in the study of mental conditions this method of serial sections is the only correct one to follow. His studies have been continued over a great length of time, and an article of two or three pages may represent the work of four or five assistants for two or three years.

Two Unusual Forms of Clonus.—This paper was read by Dr. John K. Mitchell (see page 260).

Dr. F. S. Pearce had had an opportunity to examine one of the cases referred to by Dr. Mitchell. He suggested that possibly one reason that there was easily excited lateral movement in the ankle was to be found in the condition of the joint. He thought there was sub-ankylosis at the ankle and as a result the lateral movement appeared better than that between the tibia and astragulus.

Dr. John K. Mitchell said that the patient had marked ankle-clonus, very violent and long-continued. As far as he knew there was no special limitation to movement in the ankle joint.

Brachial and Pectoral Reflexes.—Drs. Mills and McConnell exhibited a patient showing certain unusual brachial and pectoral reflexes. Tapping over the inner aspect of the shoulder and also at the point where the second rib joins the sternum caused certain reflex movements in the fingers. They had found the same reflex phenomena in several other cases, and in these cases the other tendon and muscle phenomena so well known in the upper extremity were found.

Dr. D. J. McCarthy suggested that in tapping over the inner aspect of the shoulder the long head of the biceps was tapped, giving rise to a tendon-jerk, or the muscle-muscle-jerk of S. Weir Mitchell.

Dr. William Pickett said that in his study of the scapulo-humeral reflex, he had described a motion of the arm similar to that in von Bechterew's reflex, from tapping the point of the shoulder. It is barely possible that Dr. Mills' reflex is a modification of the latter, and that both are modifications of the von Bechterew reflex. The muscles implicated by tapping at any of these points are numerous and often far distant from the point tapped. He had a number of times observed the pectoralis major contract quite strongly on tapping at the inner edge of the scapula. There are analogies for this distant action of the muscles. Drs. Mills' and McConnell's observation he considered an extremely interesting one.